NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions). This form should be filed after the Committee qualifies as a multicandidate committee. 1. (5) NAME OF COMMITTEE IN FULL FREEDOM'S DEFENSE FUND [h] Number and Sheet Address-1155 - 15th Street, NW 2. FEC IDENTIFICATION NUMBER C00401786 Sulte 614 (c) Cry, State and AF Code. 3. TYPE OF COMMITTEE Ideal of A ☐ STATE PARTY WASHINGTON DC: 20005 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: -FEC Identification Number: STATUS BY QUALIFICATION: (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Date. Name (i) BILL SPADEA FOR CONGRESS House ИJ 12 06/04/2004 (ii) FRIENDS OF DUANE SAND ND 00 06/30/2004 House (iiii) FEDERER FOR CONGRESS 2004 House MO 03 06/30/2004 (Iv) WHIT FOR CONGRESS House NC. 04 09/30/2004 COBURNIFOR SENATE COMMITTEE. OK 00 08/30/2004 Senate (b) Contributors: The committee received a contribution from its 51st contributor On: 05/24/2004 (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 06/01/2004 (d) Qualification: The committee met the above requirements on: 11/24/2004 I cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE Electronically Filed by SCOTT B MACKENZIE 01/30/2005 SCOTT B MACKENZIE Note: Submission of false, enoneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Federal Election Commission, Washington, DC 2048\$ FEC FORM 1 M Toll-free 800-424-9590

Local 202-894-1100

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